



PTO/SB/21 (08-00)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

	Application Number	10/688,051	
	Filing Date	October 16, 2003	
	First Named Inventor	Ammar Rayes	
	Group Art Unit	2134	
	Examiner Name	Tran, Tongoc	
Total Number of Pages in This Submission (including Acknowledgment Receipt postcard and check)	11	Attorney Docket Number	50325-0800

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee in the amount of \$2490.00 enclosed	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition To Convert To a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Request for Continued Examination (RCE) Transmittal (1 pg)
<input checked="" type="checkbox"/> Information Disclosure Statement (5 pgs)	<input type="checkbox"/> Request for Refund	2. Issue Fee Transmittal (1 pg)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, number of CD(s) _____	3. Acknowledgment Receipt postcard
Remarks		
Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Hickman Palermo Truong & Becker LLP Stoycho D. Draganoff, Reg. No. 56,181
Signature	<i>Stoycho D. Draganoff</i>
Date	January 10, 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class: mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
Type or printed name	Teresa Austin		
Signature	<i>Teresa Austin</i>	Date	January 10, 2007

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## FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision,  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 AND 1.28

### Complete if Known

TOTAL AMOUNT OF PAYMENT (\$)**2490.00**

Application Number 10/688,051  
Filing Date October 16, 2003  
First Named Inventor Ammar Rayes  
Examiner Name Tran, Tongoc  
Group/Art Unit 2134  
Attorney Docket No. 50325-0800

### METHOD OF PAYMENT (check one)

1. ☒ Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.

Deposit Account Number

50-1302

Deposit Account Name

Hickman Palermo Truong & Becker, LLP

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

3. ☐ Applicant(s) is entitled to small entity status.  
See 37 CFR 1.27.

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	1400.00
1502	800	2502	400	Design issue fee	
1504	300	2504	300	Publication Fee	300.00
1462	400	1462	400	Petitions Director not specifically provided for Group I	
1463	200	1463	200	Petitions Director not specifically provided for Group II	
1464	130	1464	130	Petitions Director not specifically provided for Group III	
1806	180	1806	180	Submission of information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify): RCE fee required under 37 CFR 1.17(e)					790.00

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1011	300	2011	150	Utility filing fee	
1111	500	2111	250	Utility Search fee	
1311	200	2311	100	Utility Examination fee	
1081	250	2081	125	Utility Application Size Fee	
1005	200	2005	100	Provisional Application Fee	
1085	250	20835	125	Provisional Application Size Fee	
SUBTOTAL (1)					(\$) <b>0.00</b>

#### 2. EXTRA CLAIM FEES

	Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid
Total Claims	-20**=	0	50.00	0.00
Independent Claims	-3**=	0	200.00	0.00
Multiple Dependent				

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0.00**

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**2490.00**

### SUBMITTED BY

Name (Print/Type) Stoycho D. Draganoff Registration No. (Attorney/Agent) 56,181 Telephone (408) 414-1208  
Signature [Signature] Date January 10, 2007

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.